

NC DHHS PRTF MEDICAID AUDIT TOOL
2011

PROVIDER NAME: (PRE-PRINT)			AUDIT DATE:	
PROVIDER #: (PRE-PRINT)			NAME: (PRE-PRINT)	
CONTROL #: (PRE-PRINT)			MEDICAID #: (PRE-PRINT)	
SERVICE DATE: (PRE-PRINT)			DOB/AGE: (PRE-PRINT)	
CASE MANAGEMENT:			RECORD #:	
RATING CODES:	0 = No 1 = Yes	6 = No service note 7 = Unable to identify service provider	8 = Repaid 9 = NA	RATING
AUTHORIZATIONS/TREATMENT PLAN				
1. Was an authorization in place covering this date of service?				
2. Is there a valid certificate of need (CON) for the service billed?				
3. Is the date of service covered by a valid treatment plan?				
4. Was the treatment plan developed by the appropriate team of professionals?				
5. Was the treatment plan developed and implemented within 14 days of admission?				
6. Was the treatment plan reviewed every 30 days by the team?				
7. a. Is there evidence that the child met the eligibility requirements for admission?			a.	
b. Is there evidence that the child met the eligibility requirement for continued stay?			b.	
SERVICE DOCUMENTATION				
8. Does the service note(s) relate to goals listed in the treatment plan?				
9. Does the documentation reflect treatment for the duration of service?				
10. Does the service note reflect assessment of progress toward goals?				
11. Does the documentation include a valid signature within the designated time frame by the person who delivered the service?				
12. Are the service notes individualized per person?				
13. Did the psychiatrist provide weekly consultation to review medications with this child/adolescent?				
QUALIFICATIONS / SUPERVISION / RECORD CHECKS				
14. Is there evidence that staff has the education/experience/training for the service provided?				
15. Is there evidence of a restraint and seclusion policy?				
16. Is there evidence the staff had Alternative to Restrictive Intervention training prior to the date of service?				
17. Is there evidence the staff had current training in the safe use of restraint and seclusion?				
18. a. Is an individualized supervision plan in place for paraprofessional and/or AP staff?			a.	
b. Is the plan implemented?			b.	
19. Was the appropriate Criminal Record Check requested prior to this date of service? (<i>Hired on or after 3/24/05</i>)				
20. Did the provider agency complete a NC Health Care Personnel Registry check prior to this date of service?				
COMMENTS:				
AUDITOR:				